

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2577

State File No. 428

FILED JAN 26 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1000		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital				d. STREET ADDRESS (If rural, give location) 3620 Blaine Ave.			
3. NAME OF DECEASED (Type or Print) John		a. (First) John		b. (Middle) Garfield		c. (Last) Hachman	
4. DATE OF DEATH Jan. 15, 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH Oct. 15, 1880		9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (State or foreign country) Baldwin, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Peter Hachman		13b. MOTHER'S MAIDEN NAME Louisa Carter		14. NAME OF HUSBAND OR WIFE Elizabeth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Russell Hachman, 5306 S. Compton			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Chronic Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 17 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 8-13, 1949 to 1-15, 1951, that I last saw the deceased alive on 1-14, 1951, and that death occurred at 4:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE C. A. Hester M.D. (Degree or title)				23b. ADDRESS 5600 S. Compton		23c. DATE SIGNED 1-15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-16-51		24c. NAME OF CEMETERY OR CREMATORY Sauer		24d. LOCATION (City, town, or county) (State) Evansville, Ill.	
DATE REC'D BY LOCAL REG. JAN 15 1951		REGISTRAR'S SIGNATURE J. B. Farner		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John J. Haines

Signed _____
Student Embalmer

Licensed Embalmer No. *4108*

P. O. Address *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.